AGENDA
SUBSTANCE ABUSE/PROBLEM GAMBLING PROGRAM LICENSURE COMMITTEE
OCTOBER 9, 2013 9:00 AM
DIRECTOR'S CONFERENCE ROOM, 6TH FLOOR
TELECONFERENCE
LUCAS STATE OFFICE BUILDING,
321 EAST 12TH STREET, DES MOINES, IOWA

The mission of the Iowa State Board of Health Substance Abuse/Problem Gambling Program Licensure Committee is to approve or deny applications for licensure received from substance abuse programs pursuant to Chapter 125 and gambling treatment programs pursuant to Chapter 135 and to perform any other function authorized by chapter 125 or 135 and delegated to the committee. The committee also adopts rules consistent with the law for the protection of the public health and the prevention of substance abuse.

CALL TO ORDER

ROLL CALL

I. Minutes

A. Approval of September 11, 2013 Minutes

II. Substance Abuse/Problem Gambling Licensure – Jeff Gronstal, Bob Kerksieck

A. Substance Abuse Licensure Recommendations

1. Three (3) Year License
   a. Substance Abuse Services Center, Dubuque
   b. Ditmeyer Counseling Services, Sioux City
   c. Mt. Pleasant Correctional Facility, Mt. Pleasant
2. 270 Day License
   a. K-Moore Services, Fort Dodge
3. Deemed Status
   a. Center for Behavioral Health Iowa, Inc., Des Moines

III. Proposed Changes to the Iowa Administrative Code – Jeff Gronstal, Kathy Stone

- **Workman's Comp Insurance**
  Should licensure standards continue to require employers to have workers' compensation insurance on all their employees, including contract employees? Workman's comp is referenced in 155.51 (j) and 155.52(i) but without detail. The definition of "Staff" has been interpreted to include all employees and consultants providing clinical services.
- Standards require insurance coverage for all "staff". If yes, consider language in standards.

IV. Substance Abuse/Problem Gambling Update – Kathy Stone

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF BEHAVIORAL HEALTH
LICENSURE INSPECTION WEIGHTING REPORT
FOR SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAMS

PROGRAM NAME: Substance Abuse Services Center, Inc. Dubuque & Manchester

In order for a program to receive a three (3) year license, the program must receive at least a 95% rating in each of the three categories below. For a two (2) year license, the program must receive at least a 90% rating in each of the three categories below. For a one (1) year license, the program must receive at least a 70% rating in each of the three categories. Less than 70% in any one of the three categories shall result in a recommendation of a denial. An initial license may be issued for 270 days. A license issued for 270 days shall not be renewed or extended.

PREVIOUS INSPECTION DATE: October 25-26, 2010
RECENT INSPECTION DATE: August 27-28, 2013

THIS PROGRAM HAS APPLIED FOR A LICENSE AS A;
1. SUBSTANCE ABUSE TREATMENT PROGRAM _____
2. PROBLEM GAMBLING TREATMENT PROGRAM _____
3. COMBINED SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAM X

CATEGORY:			
CLINICAL STANDARDS	ITEMS VALUES	PREVIOUS REPORT*	RECENT REPORT
Placement Screening	19	19	19
Treatment Plan	19	19	19
Progress Notes	12	12	12
Urinalysis	4	4	4
Medical Services	3	3	3
Management of Care	7	7	7
Quality Improvement	11	11	11
TOTAL	75	75	75

Three (3) years 75 – 72 = 95%
Two (2) years: 71 – 68 = 90%
One (1) years: 67 – 53 = 70%
Denial: 52 or below

Total Points Available: 75
Total Points Received: 75
Percent: 100%

CATEGORY ADMINSTRATIVE STANDARDS	ITEMS VALUES	PREVIOUS REPORT*	CURRENT REPORT
Application Update or Revision	1	0	1
Management Info System	1	0	1
Governing Body	25	25	25
Executive Director	1	1	1
Clinical Oversight	4	4	4
Staff Training	20	20	20
Procedure Manual	4	4	4
Fiscal	4	4	4
Personnel	28	28	28
Child Abuse/Criminal Records	8	8	7
TOTAL	96	94	95

Three (3) years: 96 – 92 = 95%
Two (2) years: 91 – 87 = 90%
One (1) year: 86 – 68 = 70%
Denial: 67 or below

Total Points Available: 96
Total Points Received: 95
Percent 98.96%

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	PREVIOUS REPORT*	CURRENT REPORT
Client/Patient Case Records	37	37	37
Emergency Medical Services	4	4	4
Medication Control	1	1	1
Building Construction and Safety	10	10	10
Outpatient Services	4	4	4
Therapeutic environment	14	14	14
TOTAL	70	70	70

Three (3) years	70 – 67 = 95%
Two (2) years:	66 – 63 = 90%
One (1) year:	62 – 49 = 70%
Denial:	48 or below

Total Points Available:	70
Total Points Received:	70
Percent:	100%

** Previous Report for Substance Abuse Licensure only.*

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF BEHAVIORAL HEALTH
LICENSURE INSPECTION REPORT

PROGRAM NAME, ADDRESS, TELEPHONE AND FAX:
Substance Abuse Services Center (SASC)
799 Main Street, Suite 110
Dubuque, Iowa 52001-6825
(563) 582-3784 FAX: (563) 582-4006 E-Mail Address: Thomasd@sasc-dbq.org

APPLICATION RECEIVED: May 20, 2013

COUNTIES SERVED: **SA:** Dubuque Delaware; **Gambling:** Allamakee, Clayton, Dubuque, Delaware, Fayette, Howard, Jackson, Jones, Linn and Winneshiek

DATE OF INSPECTION: August 27-28, 2013

TECHNICAL ASSISTANCE: NA

INSPECTORS:
Bob Kerksieck

SITE(S) VISITED:
799 Main Street, Suite 110
Dubuque, Iowa 52001

STAFF:

Board Chairperson:	Dan Avenarius	Medical Director:	R. Ried Boom, MD
Executive Director:	Diane K. Thomas	Fiscal Director:	Diane Thomas
Treatment Supervisors:	Jon Decker, Deb Prier, Mandy Reisner	Trainer:	Deb Prier

SUMMARY OF SERVICES PROVIDED: The program provides Adult levels I, II.1, OWI Correctional Outpatient and Juvenile levels I and II.1 substance abuse treatment services. The program also provides problem gambling treatment services.

CURRENT LICENSURE STATUS:
The program is currently operating on a three year license effective October 22, 2010 to October 22, 2013.

RECOMMENDATION: It is recommended that the program be—

- ☒ Issued a license for a period of three years effective October 22, 2013 to October 22, 2016
- ☐ Issued a license for a period of two years effective _____ to _____
- ☐ Issued a license for a period of one year effective _____ to _____
- ☐ Issued a license for 270 days effective _____ to _____
- ☐ Denied a license

PURPOSE: Chapter 125 of the Code, as amended, requires in Section 125.13 that a person may not maintain or conduct any chemical substitutes or antagonists program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program from the department. Chapter 135.150 of the Code, as amended, requires that a person shall not maintain or conduct a gambling treatment program funded through the department unless the person has obtained a license for the program from the department.

C Full Compliance – The program substantially meets the intent of the standard and indicated by the program's activities and documentation. Point(s) given/awarded.
NC Non-Compliance – The program does not meet the intent of the standard. Point(s) not given/awarded.
NA Does Not Apply – The standard does not apply to the program. Point(s) not given/awarded.

641—155.5(4) Application Update or Revision	
A. Since the last licensure visit, has the program notified the department 30 days prior to any change(s) of address of offices, facilities, or program locations; or additions or deletions of the type(s) of services or programs provided and licensed?	C
641—155.21(1) Governing Body	
Note: Persons in private practice as sole practitioners shall be exempt from this sub-rule except for requirements to have malpractice and liability insurance.	NA
A. Has the program designated a governing body responsible for overall program operations?	C
B. Do written by-laws define:	
1. The powers and duties of the governing body;	C
2. Committees;	C
3. Advisory groups; and,	C
4. The executive director?	C
C. Do written by-laws minimally specify;	
1. Type of membership;	C
2. The term of appointment;	C
3. Frequency of meetings;	C
4. Attendance requirements; and,	C
5. The quorum necessary to transact business?	C
D. Are minutes of all meetings by the governing body kept?	C
Do the minutes include:	
1. Date of the meeting;	C
2. Names of members attending;	C
3. Topics discussed;	C
4. Decisions reached and actions taken.	C
E. Do the duties of the governing body include:	
1. Appointment of a qualified executive director;	C
2. Establish controls to ensure quality services are delivered;	C
3. Review and approval of the annual budget; and,	C
4. Approve all contracts?	C
F. Has the governing authority developed and approved the policies?	C
G. Is the governing authority responsible for all funds, equipment and the physical facilities?	C
H. Has the governing body prepared an annual report which includes:	
1. Name, address, occupation and place of employment of each member;	C
2. Relationships a member of the governing authority may have with a program staff member; and,	C
3. The name and address of owners or controlling parties?	C
I. Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?	C

155.21(2) Executive Director	
A. Has the governing body appointed an executive director whose qualifications and duties are delineated?	C _____
155.21(3) Clinical Oversight	
A. Does the program have appropriate clinical oversight provided in house or through consultation?	C _____
B. Does clinical oversight include:	
1. Assisting in development of clinical policies and procedures;	C _____
2. Assisting in the training of staff; and,	C _____
3. Assistance to clinical staff providing direct services.	C _____
155.21(4) Staff Development and Training	
A. Does the program have policies and procedures establishing a staff development and training program?	C _____
B. Is there documentation that staff are certified, licensed or have professional education?	C _____
C. Or oriented to include:	
1. Psychosocial;	C _____
2. Medical;	C _____
3. Pharmacological;	C _____
4. Confidentiality;	C _____
5. Tuberculosis and blood-borne pathogens;	C _____
6. HIV/AIDS;	C _____
7. Cultural specificity of diverse populations; and,	C _____
8. Does the training program include at least two hours of training every five years relating to child and dependent adult abuse;	C _____
9. Counseling skill development; and,	C _____
10. Program and community resources?	C _____
D. Has the program established an on-site training program or entered into an agreement with outside resources meeting the identified ongoing training needs of the staff?	C _____
E. Are staff members kept informed of new developments in the field regarding assessment, evaluation, placement, treatment and rehabilitation?	C _____
F. Are in-service programs instituted when program operations or functions are changed?	C _____
G. Has the program conducted an annual training needs assessment?	C _____
H. Has the program developed an annual staff development training plan based on the needs assessment?	C _____
I. Are minutes of on-site training kept which include:	
1. Dates of the meeting;	C _____
2. Names of persons attending;	C _____
3. Topics discussed, including name and title of presenters.	C _____
155.21.(5) Management Information System	
A. Does the program submit client/patient data to the Department in accordance with reporting system procedures?	C _____
155.21(6) Procedures Manual	
A. Has the program developed and maintained a policies and procedures manual?	C _____
B. Does the manual contain all written policies and procedures required throughout the standards for both substance abuse treatment and/or problem gambling treatment?	C _____
C. Does the manual have a working table of contents covering all policies and procedures?	C _____
D. Are revisions entered containing date, name and title of persons making the revisions?	C _____

155.21(7) Fiscal Management	
A. Does the program maintain an annual written budget which is reviewed and approved on an annual basis?	C
B. Has an independent fiscal audit been conducted on an annual basis?	C
C. Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings, and equipment?	C
D. Is the insurance program reviewed on an annual basis by the governing authority?	C
155.21(8) Personnel	
A. Do personnel policies and procedures include the following:	
1. Recruitment, selection and certification of staff members;	C
2. Recruitment and selection of volunteers;	C
3. Wage and salary administration;	C
4. Promotions;	C
5. Employee benefits;	C
6. Working hours;	C
7. Vacation and sick leave;	C
8. Lines of authority;	C
9. Rules of conduct;	C
10. Disciplinary action and termination;	C
11. Methods for handling inappropriate client/patient care;	C
12. Work performance appraisal;	C
13. Employee accidents and safety;	C
14. Employee grievances; and,	C
15. Policy on staff persons suspected of using or abusing substances?	C
B. Does the program have an equal employment opportunity policy and affirmative action plan?	C
C. Does the program maintain written job descriptions describing the actual duties of the staff?	C
D. Are personnel performance evaluations performed on an annual basis?	C
E. Is the employee able to respond to the evaluation?	C
F. Are personnel records kept on each employee to include;	
1. Verification of training, experience and professional credentials;	C
2. Job performance evaluations;	C
3. Incident reports;	NA
4. Disciplinary actions taken; and,	C
5. Documentation of review and adherence to confidentiality regulations prior to assumption of duties?	C
G. Does the program have written policies and procedures ensuring confidentiality of personnel records?	C
H. Is there evidence that all personnel providing screenings, evaluations, assessments and treatment are licensed, certified, or otherwise in accordance with 155.21(8) requirements?	C
I. Are there policies and procedures prohibiting sexual harassment?	C
J. Are there policies implementing the Americans with Disabilities Act?	C
K. Does the program maintain an accepted code of conduct for all staff?	C
L. Has the program notified the department in writing within ten workings days when a certified or licensed staff member has been sanctioned or disciplined by a certifying or licensed body?	NA

155.21(9) Child Abuse/Dependent Adult Abuse/Criminal History Background Check	
A. Does the program have written policies and procedures that specify procedures for child abuse and dependent adult abuse reporting that are in compliance with 42 CFR, Part 2?	C
B. Does the program have policies that prohibit mistreatment, neglect or abuse of children and dependent adults by staff that include:	
1. Reporting violations immediately to the director and Department of Human Services?	C
2. Subject an employee to dismissal if found in violation to the program's policies?	C
C. For employees working within a juvenile service area, or with dependent adults, do personnel records contain:	
1. Documentation of a criminal records check with the Iowa Division of Criminal Investigation for all new applicants;	C
2. A written statement by new applicants disclosing any substantiated reports of child or dependent adult abuse, neglect, or sexual abuse;	C
3. Documentation of a check with the Iowa Central Abuse Registry of any substantiated reports of abuse prior to permanent employment; and,	C
4. For staff members with a substantiated criminal or child or dependent adult abuse report, that form 470-2310 Record Check Evaluation has been submitted to DHS?	NC
D. Have each clinical staff member completed two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment; and two hours of additional training every five years thereafter?	C
155.21(10) Client/Patient Case Record Maintenance	
A. Does the program have written policies and procedures governing client/patient case records that ensures:	
1. The program is responsible for protecting the client/patient record against loss, tampering or unauthorized disclosure of information, per HIPAA, Iowa Code Chapter 228 and 42 CFR, Part 2, as applicable;	C
2. Content and format of client/patient records are kept uniform; and,	C
3. Entries in the client/patient case record are signed and dated.	C
B. Does the program ensure records are kept in a suitable locked room or file cabinet?	C
C. Are records readily accessible to authorized staff?	C
D. Is there a written policy governing maintenance for 7 years and disposal of client/patient case records?	C
E. Release of Information: 42CFR, Part 2, Iowa Code Chapter 228 and HIPAA, as applicable	
1. Does the format for the disclosure of client/patient information contain:	
a. The name of the program which is to make the disclosure;	C
b. The name, title, or organization to which the disclosure is to be made;	C
c. The name of the client/patient;	C
d. The purpose or need for the disclosure;	C
e. The information to be released;	C
f. Revocation statement;	C
g. The date the consent form is signed;	C
h. Space for the client/patient's signature; and,	C
i. Expiration date or condition?	C
2. Is the release signed prior to releasing information?	C
3. Is the client/patient informed of the information and purpose of the release prior to signing?	C
4. Did the client/patient sign the release voluntarily?	C
5. In the event that the program releases information without the client/patient's consent, did they follow proper procedures?	NA
6. Following an unauthorized disclosure, did the program inform the client/patient of the disclosure?	NA

F. A licensee who provides services via electronic media shall inform the client/patient of the limitations and risks associated with such services and shall document in the client/patient case record that such notice has been provided.	C
G Upon receipt of a properly executed written release of information signed by the client/patient, the program shall release client/patient records in a timely manner, except as allowed 641—subrule 157.3(1), "Notice Iowa Code 321J—Confidential Medical Record," reporting screening, evaluation, and treatment completion, if payment has not been received for such services.	C
155.21(14) Client/Patient Case Record Contents	
A. Does the client/patient case record contain:	
1. Physical examination and lab tests; and,	C
2. Placement screening and admission forms;	C
3. Reports from referral sources;	C
4. Treatment plans;	C
5. Continued service and discharge reviews;	C
6. Medication records;	NA
7. Reports from outside resources;	C
8. Multidisciplinary staffing notes;	C
9. Correspondence related to the client/patient (letters, phone calls, etc.);	C
10. Treatment consent forms, if applicable;	C
11. Release forms;	C
12. Progress notes;	C
13. Records of service provided;	C
14. Discharge summaries;	C
15. Management information system, and	C
16. Records of financial counseling services for problem gambling clients, including,	C
17. A.A budget, and	C
18. B. Discussing financial debt options, including restitution and bankruptcy.	C
155.21(11) Placement Screening, Admission and Assessment Records Reviewed 12	
A. Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?	C
B. Does the placement screening process contain:	
1. Information gathered upon screening or admission;	C
2. Procedures to be followed when accepting referrals from outside resources;	C
3. Records kept on individuals applying for services; and,	C
4. Evaluates the ASAM 6 categories or other approved criteria for substance abuse?	C
5. Is the program utilizing a recognized diagnostic tool to determine substance abuse or dependence as defined by DSM-IV?	C
6. Is the program utilizing a recognized diagnostic tool to determine pathological gambling as defined by DSM-IV, or any DSM IV criteria to determine problem gambling?	C
C. Does the admission process contain:	
1. An overall assessment of the information gathered; and,	C
2. Conducted within the time frame for this substance abuse level of care?	C
3. Conducted within 30 days for problem gambling clients/patients?	C
D. Is there sufficient information collected in order to develop a treatment plan?	C
E. Are the results of the admission process explained to the client/patient and family?	C

F. Does the client/patient orientation contain:	
1. General nature and goals of the program;	C
2. Client /patient conduct;	C
3. Hours (non residential);	C
4. Cost;	C
5. Client /patient rights;	C
6. Confidentiality;	C
7. HIV/AIDS; and,	C
8. Safety and emergency procedures for residential type services?	NA
155.21(12) Treatment Plans	
A. Does the program have written policies and procedures that address treatment planning and reviews?	C
B. Is the treatment plan based on the assessment?	C
C. Is the substance abuse treatment plan developed within the time frame for this level of care?	C
D Is the problem gambling treatment plan developed within 30 days of admission, per 155.21(11)?	C
E. Does the treatment plan minimally contain the following:	
1. a. Strength (here, or in the assessment)s;	C
b. Needs (here, or in the assessment);	C
2. a. Short term goals;	C
b. Long term goals;	C
3. a. Type of therapeutic activities;	C
b. Frequency of therapeutic activities;	C
4. Staff person involved;	C
5. Is the plan culturally and environmentally specific; and,	C
6. Is the treatment plan developed in partnership with the client/patient and counselor?	C
F. Are the client/patient and counselor reviews conducted within the time frames for this level of care?	C
G. Do the reviews contain:	
1. Reassessment of the client/patient's current status;	C
2. Redefining of treatment goals;	C
3. Date of review; and,	C
4. Individuals involved?	C
H. Is the client/patient provided a copy of the treatment plan upon request?	C
155.21(13) Progress Notes	
A. Does the program have written policies and procedures to address progress notes?	C
B. Do the progress notes contain the following:	
1. Client's/patient's progress and current status in meeting treatment goals;	C
2. Documentation of individual sessions;	C
3. Documentation of group or group summaries;	C
4. Notes filed in chronological order;	C
5. Date of entry;	C
6. Signature or initials and title;	C
7. Entries with pen, type or computer (computer access code must be available);	C
8. Entries are legible;	C
9. Behavioral observations;	C
10. An avoidance of inappropriate jargon; and,	C
11. Are the notes uniform?	C

155.21(15) Drug Screening	
A. Does the program have written policies and procedures to conduct urine collection and drug testing?	C
B. Are urine specimens collected under direct supervision, or the program shall have a policy in place to reduce the client/patient's ability to skew the test.?	C
C. Does the program comply with all CLIA regulations?	C
D. Does the client/patient record reflect the manner in which the urine test results are utilized in treatment?	C
155.21(16) Medical Services	
A. Does the program have written policies and procedures to address medical services?	C
B. Have all the clients/patient entering treatment been evaluated to determine their medical needs upon admission?	C
C. Are physical and laboratory examinations performed within the appropriate time frame for the following:	
1. Levels III.7 and V (24 hours of admission)?	NA
2. Levels III.3 or III.5 (7 days of admission)?	NA
3. Level III.1 (21 days of admission)?	NA
D. Are physical, laboratory work and medical histories completed by referrals older than 90 days?	NA
E. Have all halfway house, residential, and inpatient clients/patients received a TB test to be administered and read within 72 hours of admission?	NA
F. Does the program ensure all staff and volunteers have a TB signs and symptoms screen before working with clients, an annual TB Signs and symptoms screen, and have baseline TB testing?	C
G. Does the program conduct an annual TB risk assessment and ensure additional appropriate medical follow-up has been taken with all clients/patients and staff if TB exposure occurs?	NA
155.21(17) Emergency Medical Services	
A. Does the program have written policies and procedures that address emergency services?	C
B. Does the program ensure that emergency medical services, with a general hospital, are available on a 24-hour basis?	C
C. Does the program maintain emergency service coverage on a 24-hour, seven day-a-week basis?	C
D. Does the program ensure that all community service providers, medical facilities, law enforcement agencies and other appropriate personnel are informed that the 24-hour emergency services and treatment are available?	C
155.21(18) Medication Control	
A. Does the program have written policies and procedures that address medication control?	C
B. Does the program maintain a list of qualified personnel authorized to administer medications?	NA
C. Have staff who are designated to observe self-administration received an orientation to the policies and procedures on self-administration?	NA
D. Are prescription drugs which are administered or self-administered, accompanied with an order from a physician?	NA
E. Does the program maintain a dispensing log or document in the client/patient record all medications dispensed?	NA

F. Is the medication storage maintained as follows:	
1. In accordance with security requirements of federal, state, and local laws;	NA
2. Refrigerated, if required;	NA
3. Separated from food and other items;	NA
4. Stored in original containers; and,	NA
5. Are external substances stored separately from internal and injectable medications?	NA
G. Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?	NA
H. Does the program document the processing of drugs left by the client/patient, or damaged while being stored in the facility?	NA
155.21(19) Management of Care	
A. Does the program have written policies and procedures to ensure proper utilization of the placement screening, continued service and discharge criteria?	C
B. Is the program exercising proper utilization and effective use for levels of care in the following?	
1. Placement screening;	C
2. Continued service reviews; and,	C
3. Discharge reviews.	C
C. Is the discharge planning started at the time of admission?	C
D. Does the discharge plan address:	
1. Ongoing client/patient needs; and,	C
2. Post treatment needs?	C
155.21(20) Quality Improvement	
A. Does the program have a written quality improvement plan?	C
B. Does the written plan contain the following:	
1. Objectives;	C
2. Organization;	C
3. Scope; and,	C
4. Mechanisms for oversight?	C
C. Does the quality improvement plan address the following:	
1. Is all the information collected, screened by an individual or committee; and,	C
2. Is the objective criteria utilized in development and application for ensuring client/patient care?	C
D. Has the quality improvement program developed a corrective action plan when problems have been identified?	C
E. Has the corrective action plan been followed until the problem has been resolved?	C
F. Is the information used to detect trends, patterns of performance that affect more than one component?	C
G. Is the quality improvement program evaluated at least annually?	C

155.21(21) Building Construction and Safety	
A. Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	NA
B. During construction phases or alterations to buildings is:	
1. The level of life safety not diminished; and,	NA
2. Construction in compliance with all applicable federal, state, and local codes?	NA
C. During new construction the program complies with local, state (104A), and federal codes for safe and convenient use by disabled individuals?	NA
D. Does the program have written policies and procedures that provide for a safe environment for clients/patients, personnel and visitors that include:	
1. Orientation and review of facility-wide safety policies and practices;	C
2. A hazard surveillance program; and,	C
3. The process to dispose of bio-hazardous waste within the clinical service area?	C
E. All program areas:	
1. Are stairways, halls, and aisles:	
a. Of substantial non-slippery material;	C
b. Adequately lighted;	C
c. Free from obstruction; and,	C
d. Equipped with handrails on stairways?	C
2. Do radiators, registers, steam/hot water pipes, electrical outlets, and switches have protective covering, insulation and/or wall plates?	C
3. For juvenile facilities, are fuse boxes under lock and key or six feet above the floor?	NA
4. Do facilities have written procedures for handling and storage of hazardous materials?	C
5. Do facilities have policies and procedures for weapons removal?	C
6. Do swimming pools:	
a. Conform to state and local health and safety regulations; and,	NA
b. Ensure that adult supervision is provided when children use the pool?	NA
7. Do facilities have policies regarding fishing ponds, lakes, or any bodies of water located on or near the program and accessible to the client/patient?	NA
155.21(22) Outpatient Facility	
A. Is the facility safe, clean, well-ventilated, properly heated and in good repair?	C
1. Is the facility appropriate for the services it provides, as well as protecting client /patient confidentiality;	C
2. Is the furniture in good repair; and,	C
3. Is there a written plan outlining procedures in the event of fire or tornado that is conspicuously displayed?	C

155.21(23) Therapeutic Environment	
A. Does the program establish an environment that enhances the positive self-image of the clients/patient?	C
B. Do the grounds have adequate space for the program to carry out its stated goals?	C
C. When program goals involve outdoor activities are these activities appropriate to the ages and clinical needs of the clients/patients?	NA
D. Are services accessible to people with disabilities or does the program have written policies and procedures that describe how people with disabilities can gain access to necessary services?	C
E. Does the program comply with the Americans with Disabilities Act?	C
F. Is the reception/waiting room of adequate size with appropriate furniture and does it provide for confidentiality of clients/patients in session or receiving services?	C
G. Are program staff available in the reception/waiting area to address the needs of clients/patients/visitors?	C
H. Does the program have written policies and procedures regarding chemical substances in the facility?	C
I. Does the program designate and identify specific smoking areas?	C
J. Underage tobacco:	
1. The program/person does not sell, give or otherwise supply any tobacco, tobacco products, or cigarettes to any person under 18 years of age; and,	C
2. A person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any tobacco, tobacco products, or cigarettes.	C
K. Does the program has written policies and procedures that address:	
1. Informing client/patients of their legal and human rights at the time of admission;	C
2. Client/patient communication, opinions, or grievances with a mechanism for redress;	C
3. Prohibition of sexual harassment; and,	C
4. Client/patient rights to privacy?	C

JUSTIFICATION OF VARIANCE

155.21(9) Child Abuse/Dependent Adult Abuse/Criminal History Background Check

C.4. Child Abuse/Dependent Adult Abuse/Criminal History Background Check was in non-compliance because the program did not document for staff members with a substantiated criminal or child or dependent adult abuse report, that form 470-2310 Record Check Evaluation had been submitted to DHS.

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF BEHAVIORAL HEALTH
LICENSURE INSPECTION WEIGHTING REPORT
for Specific Standards for Assessment and Evaluation Programs

PROGRAM NAME: Ditmeyer Counseling Services, Sioux City

In order for a program to receive a three (3) year license, the program must receive at least a 95% rating in each of the three categories below. To receive a two (2) year license, the program must receive at least a 90% rating in each of the three categories below, for a one (1) year license, the program must receive at least a 70% rating in each of the three categories. Receipt of less than 70% in any one of the three categories shall result in a recommendation of denial or refusal to renew the license. An initial license may be issued for 270 days; however, a license issued for 270 days shall not be renewed or extended.

CATEGORY	PREVIOUS INSPECTION DATE July 8, 2010		
	RECENT INSPECTION DATE September 5, 2013		
CLINICAL STANDARDS	ITEM VALUES	PREVIOUS REPORT	CURRENT REPORT
Placement Screening	10	10	10
Management of Care	1	1	1
Clinical Oversight	1	1	1
TOTAL	12	12	12

Three (3) years: 12.00 – 11.40 = 95%
Two (2) years: 11.39 – 10.80 = 90%
One (1) year: 10.79 – 8.40 = 70%
Denial: 8.39 or below.

Total Point Available: 12
Total Point Received: 12

Percent: 100.00 %

ADMINISTRATIVE STANDARDS	ITEM VALUES	PREVIOUS REPORT	CURRENT REPORT
Governing Body	0	0	0
Executive Director	0	0	0
Procedure Manual	2	2	2
Fiscal	4	4	4
Personnel	0	0	0
Staff Training	4	4	4
Professional Qualifications	2	2	2
TOTAL	12	12	12

Three (3) years 12.00 – 11.40 = 95%
Two (2) years: 11.39 – 10.80 = 90%
One (1) year: 10.79 – 8.40 = 70%
Denial: 8.39 or below.

Total Point Available: 12
Total Point Available: 12

Percent: 100.00%

PROGRAMMING STANDARDS	ITEM VALUES	PREVIOUS REPORT	CURRENT REPORT
Outpatient Facility	8	8	8
Child Abuse/Criminal Records	3	3	3
Client Rights	7	7	7
Emergency Medical Services	1	1	1
Client Case Records	25	24	25
Building construction and Safety	3	3	3
TOTAL	47	46	47

Three (3) years: 47 – 45 = 95%
Two (2) years: 44 – 43 = 90%
One (1) year: 42 – 33 = 70%
Denial: 32 or below.

Total Points Available: 47
Total Points Received: 47

Percent: 100.00%

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF BEHAVIORAL HEALTH
LICENSURE INSPECTION WEIGHTING REPORT
for Assessment and Evaluation Programs

PROGRAM'S NAME, ADDRESS, TELEPHONE, FAX and E-MAIL ADDRESS
Ditmeyer Counseling Services
620 South Rustin
Sioux City, Iowa 51106

(712) 274-8636 Fax:(712) 253-2758 E-Mail Address: Rodjandit@aol.com

APPLICATION RECEIVED: April 29, 2013

COUNTIES SERVED: Woodbury, Plymouth, Sioux, Cherokee, Ida, Monona and Crawford

DATE OF INSPECTION: September 5, 2013

TECHNICAL ASSISTANCE: NA

INSPECTORS:
Jeff Gronstal

SITE(S) VISITED:
620 South Rustin
Sioux City, Iowa 51106

STAFF:
Sole Practitioner: Jan Ditmeyer

SUMMARY OF SERVICES PROVIDED:
Assessment and Evaluation

CURRENT LICENSURE STATUS:
The program is currently operating on a three year license effective September 11, 2010 to September 11, 2013

RECOMMENDATION: It is recommended that the program be:

- ☒ Issued a license for a period of three years effective September 11, 2013 to September 11, 2016
- ☐ Issued a license for a period of two years effective _____ to _____
- ☐ Issued a license for a period of one year effective _____ to _____
- ☐ Issued a license for a period of 270 days effective _____ to _____
- ☐ Denied a license

PURPOSE: Chapter 125 of the code, as amended, requires in Section 125.13 that a person may not maintain or conduct any chemical substitutes or antagonists program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program form the department

C *Full Compliance* – The program substantially meets the intent of the standard and indicated by the program's activities and documentation. Point(s) given/awarded.

NC *Non-Compliance* – The program does not meet the intent of the standard. Point(s) not given/awarded.
NA *Does Not Apply* – The standard does not apply to the program. Point(s) not given/awarded.
NR *No Records (Initial Applicants Only)* – The facility is an initial applicant and had no records to review. Point(s) not given/awarded.

641—155.5(4) Application Update or Revision	
A. Since the last licensure visit, has the program notified the department 30 days prior to any changes(s) of address of offices, facilities, or program locations; or additions or deletions of the type(s) of services or programs provided and licensed?	NA
641-155.25(2) Governing Body	
A. Does the procedures manual contain definitions of the legal authority and organization of the governing body?	NA
B. Is the governing body representative of the community begin served?	NA
C. Is the governing body ultimately responsible for overall program operations?	NA
D. Do written by-laws define:	
1. The powers and duties of the governing body;	NA
2. Committees;	NA
3. Advisory groups; and,	NA
4. The executive director?	NA
E. Do written by-laws minimally specify;	
1. Type of membership;	NA
2. The term of appointment;	NA
3. Frequency of meetings;	NA
4. Attendance requirements; and,	NA
5. The quorum necessary to transact business?	NA
F. Are minutes of all meetings by the governing body kept? Do the minutes include:	
1. Date of the meeting;	NA
2. Names of members attending;	NA
3. Topics discussed; and,	NA
4. Decisions reached and actions taken?	NA
G. Do the duties of the governing body include:	
1. Appointment of a qualified executive director;	NA
2. Establish controls to ensure quality services are delivered;	NA
3. Review and approval of the annual budget; and,	NA
4. Approve all contracts?	NA
H. Has the governing authority developed and approved the policies?	NA
I. Is the governing authority responsible for all funds, equipment and the physical facilities?	NA
J. Has the governing body prepared an annual report which includes:	
1. Name, address, occupation and place of employment of each member;	NA
2. Relationships a member of the governing authority may have with a program staff member; and,	NA
3. The name and address of owners or controlling parties?	NA
K. Does the governing body assume responsibility in seeing that the program has:	
1. Malpractice insurance;	NA
2. Liability insurance; and,	NA
3. A fidelity bond?	NA

155.25(3) Executive Director	
A. Has the governing body appointed an executive director who has primary responsibility for the overall programs operation?	NA
B. Are the duties of the executive director clearly defined?	NA
155.25(4) Clinical Oversight	
A. Does the program have appropriate clinical oversight?	C
155.25(5) Staff Development and Training	
A. Does the program have policies and procedures establishing staff development?	C
B. Is there documentation that staff are certified, licensed, or have professional education?	C
C. Or oriented to include:	
1. Psychosocial;	NA
2. Medical;	NA
3. Pharmacological;	NA
4. Confidentiality;	NA
5. Tuberculosis;	NA
6. HIV/AIDS;	NA
7. Cultural specificity of diverse populations;	NA
8. Community resources;	NA
9. Screening; and,	NA
10. Evaluation	NA
D. Are staff members informed of new developments in the field of substance abuse screening, evaluation and placement?	C
E. Has the program documented on-going job-related education?	C
155.25(6) Management Information System	
A. Does the program submit client/patient data to the Department in accordance with reporting system procedures?	C
155.25(7) Procedures Manual	
A. Has the program developed and maintained a policies and procedures manual which reflects the program's activities?	C
B. Do revisions to procedures contain date, name and title of persons making the revisions?	C
155.25(8) Fiscal Management	
A. Is the fiscal management system maintained in accordance with generally accepted accounting principles?	C
B. Is the OWI evaluation schedule made public?	C
C. Is the client informed of the fee schedule at the time of scheduling the evaluation?	C
D. Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings and equipment?	C
E. Is the insurance program reviewed on an annual basis by the governing authority?	NA

155.25(9) Personnel	
A. Do personnel policies and procedures include the following:	
1. Recruitment, selection, and certification of staff members;	NA
2. Wage and salary administration;	NA
3. Promotions;	NA
4. Employee benefits;	NA
5. Working hours;	NA
6. Vacation and sick leave;	NA
7. Lines of authority;	NA
8. Rules of conduct;	NA
9. Disciplinary actions and termination of employees;	NA
10. Methods for handling inappropriate client care;	NA
11. work performance appraisal;	NA
12. Employee accidents and safety;	NA
13. Employee grievances; and,	NA
14. Policy on staff persons suspected of using or abusing substances?	NA
B. Does the program have an equal employment opportunity policy and affirmative action plan?	NA
C. Do job descriptions accurately reflect the actual duties performed by the staff member?	NA
D. Are personnel performance evaluations conducted on an annual basis?	NA
E. Is there evidence the evaluation is reviewed with the employee?	NA
F. Is the employee given an opportunity to respond to the evaluation?	NA
G. Are personnel records kept on each staff member which contain:	
1. Verification of training, experience and professional credentials relevant to the position;	NA
2. Job performance evaluations;	NA
3. Incident reports;	NA
4. Disciplinary actions taken; and,	NA
5. Documentation of review and adherence to confidentiality regulation prior to the assumption of duties?	NA
H. Are there policies and procedures ensuring confidentiality of personnel records and delineation of person authorized to access the records?	NA
I. Does the program ensure all staff and volunteers have a TB signs and symptoms screen before working with clients, and annual TB signs and symptoms screen, and have baseline TB testing?	NA
155.25(10) Professional Qualifications	
A. Is there evidence that personnel conducting screenings, placements, and assessments are certified by IBSAC or other approved boards or have appropriate education, training, or experience in the substance abuse field?	C
B. Is there evidence of subscription to a code of conduct for the sole practitioner?	C

155.25(11) Child Abuse/Criminal Records Check	
A. Does the program have written policies and procedures that prohibit mistreatment, neglect or abuse of children and specify reporting and enforcement procedures?	C
B. Does the program have policies which require reporting violation immediately to the director and Department of Human Services?	C
C. Does the program have policies which subject an employee found in violation to the program's policies on dismissal?	C
D. For employees working with juveniles, does personnel record contain:	
1. Documentation of a criminal records check with the Iowa Division of Criminal Investigation for all new applicants;	NA
2. A written statement by new applicants disclosing any substantiated reports of child abuse, neglect, or sexual abuse;	NA
3. Documentation of a check with the Iowa Central Child Abuse Registry of any substantiated reports of abuse prior to permanent employment; and,	NA
4. For staff members with a substantiated criminal or child abuse report, that form 470-2310 Record Check Evaluation has been submitted to DHS?	NA
E. Does each treatment staff member complete two hours of training related to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment?	NA
F. Does each treatment staff complete at least two hours of additional training every five years thereafter?	NA
155.25(12) Client Case Records maintenance and 155.25(14) Client Case Records Contents	
Does the program have written policies and procedures governing the compilation, maintenance, storage and dissemination of individual client case records?	C
Maintenance	
A. Does the program ensure records are kept in a suitably locked room or file cabinet?	C
B. Are contents of the client case records kept uniform?	C
C. Are entries in the client case record signed and dated?	C
D. Are records readily accessible to authorized staff?	C
<u>Release of Information; 42 CFR, Part 2</u>	
A. Does the program have written policies and procedures to address confidentiality of client records?	C
B. Does the format for the disclosure of client information contain?	
1. The name of the program which is to make the disclosure;	C
2. The name, title, or organization to which the disclosure is to be make;	C
3. The name of the client;	C
4. The purpose or need for the disclosure;	C
5. The information to be released;	C
6. Revocation statement;	C
7. The date the consent form is signed; and,	C
8. Space for the client signature?	C
C. Is the release signed prior to releasing information?	C
D. Is the client informed of the information and purpose of the release prior to signing?	C
E. Did the client sign the release voluntarily?	C
F. In the event that the program releases information without the client's consent, did the program follow proper procedures?	NA
G. Following an unauthorized disclosure, did the program inform the client of the disclosure?	NA

Contents	
A. Does the client case record contain:	
1. Examinations, test; and,	C
2. Placement screening and admission forms?	C
B. Reports from referral source?	C
C. Reports from outside resources?	C
D. Multidisciplinary case conferences (staffing)?	NA
E. Correspondence related to the client (letters, phone calls, etc.)?	C
F. Release forms?	C
G. Record of service provided?	C
H. Appropriate data forms (SARS)?	C
155.25(13) Placement Screening, Admission and Assessment Records Reviewed 8	
A. Does the program have written policies and procedures to address the placement, evaluation and assessment process?	C
B. Does the placement screening process contain:	
1. Procedures to be followed when accepting referrals from outside resources.	C
2. Types of records kept on individuals applying for services.	C
3. Does the screening include evaluation of the ASAM-PPC2 criteria in all six categories?	C
C. Does the client orientation contain:	
1. Evaluation costs to be borne by the client;	C
2. Client rights; and responsibilities; and,	C
3. Confidentiality?	C
D. Is there sufficient information collected in the screening and evaluation process so that a recommendation can be made for placement into a level of care?	C
E. Are the results of the screening and evaluation process explained to the client and family?	C
F. Are programs which are conducting screenings and evaluations on persons convicted of operating a motor vehicle while intoxicated (OWI), Iowa Code sections 321J.2, and persons whose driver's license or nonresident operating privileges are revoked under chapter 321J, doing so in accordance with and adherence to 641 IAC Chapter 157?	C
155.25(15) Emergency Medical Services	
A. Does the program ensure that emergency medical services are available by an affiliation agreement or contract or written policies and procedures?	C
155.25(16) Management of Care	
A. Does the program ensure appropriate level of care utilization by implementing the written placement screening?	C
155.25(17) Building construction and Safety	
A. Does the program have written policies/procedures to provide a safe environment that includes:	
1. Maintenance;	C
2. Supervision; and,	C
3. Safe use?	C
B. Does the orientation of new employees include general facility-wide safety practices?	NA

155.25(18) Outpatient Facility	
A. Is the facility safe, clean, well-ventilated, properly heated and in good repair?	C _____
B. Is the facility appropriate for the services it provides, as well as protecting client confidentiality?	C _____
C. Is the furniture clean and in good repair?	C _____
D. Are there annual inspection by state of local fire safety official?	C _____
E. Is there a written plan outlining procedures in the event of fire and tornado that is conspicuously displayed?	C _____
F. Are services accessible to people with disabilities or does the program have written policies and procedures that describes how people with disabilities can gain access to necessary services?	C _____
G. Does the program ensure confidentiality of clients receiving services?	C _____
H. Does the program prohibit smoking except in designated areas?	C _____

155.25(19) Client Rights	
A. Does the program maintain written policies and procedures that ensure that the legal and human rights of clients are observed and protected?	C _____
B. Are there procedures to inform all clients of their legal and human rights at the time of evaluation?	C _____
C. Are there written policies and procedures for:	
1. Clients' communication, e.g., opinions, recommendations;	C _____
2. Client grievances with a mechanism for redress;	C _____
3. Prohibition of sexual harassment; and,	C _____
4. Implementation of the Americans With Disabilities Act.	C _____
D. Are there procedures designed to protect the clients' rights and privacy?	C _____

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH PROMOTION, PREVENTION AND ADDICTIVE BEHAVIORS
INSPECTION WEIGHTING REPORT
FOR CORRECTIONAL FACILITIES

PROGRAM NAME: Mt. Pleasant Correctional Facility, Therapeutic Community Program, Mt. Pleasant, Iowa

In order for a program to receive a three (3) year license, the program must at least receive a 95% rating in each of the three categories below. For a two (2) year license, the program must at least receive a 90 % rating in each of the three categories below. For a one (1) year license, the program must at least receive a 70% rating in each of the three categories. Less than 70% in any one of the three categories shall result in a recommendation of a denial. An initial license may be issued for 270 days. A license issued for 270 days shall not be renewed or extended.

PREVIOUS INSPECTION: August 17, 2010
RECENT INSPECTION: September 18, 2013

CATEGORY CLINICAL STANDARDS	ITEMS VALUE	PREVIOUS REPORT	CURRENT REPORT
Intake	3	3	3
Orientation	4	4	4
Assessment	14	14	14
Treatment Plans	18	18	18
Progress Notes	11	11	11
Discharge Planning	8	8	8
Medical Services	2	2	2
Quality Improvement	11	11	11
TOTAL	71	71	71

Three (3) years	71 – 68 = 95%	Total Points Available:	71
Two (2) years:	67 – 64 = 90%	Total Points Received:	71
One (1) year:	63 – 50 – 70%	Percent:	100.00 %
Denial:	49 or below		

CATEGORY ADMINSTRATIVE STANDARDS	ITEMS VALUE	PREVIOUS REPORT	CURRENT REPORT
Clinical Oversight	4	4	4
Staff Training	10	10	10
Procedure Manual	10	10	10
Personnel	25	25	23
TOTAL	49	49	49

Three (3) years	49 – 47 = 95%	Total Points Available:	49
Two (2) years:	46 – 45 = 90%	Total Points Received:	47
One (1) year:	44 – 35 – 70%	Percent:	95.92 %
Denial:	34 or below		

CATEGORY **PROGRAMMING STANDARDS**	ITEMS VALUE	PREVIOUS REPORT	CURRENT REPORT
Inmate Rights	2	2	2
Inmate Case Records	25	25	25
Medication Control	0	0	0
TOTAL	27	27	27

Three (3) years	27 – 26 = 95%
Two (2) years:	25 – 25 = 90%
One (1) year:	24 – 19 = 70%
Denial:	18 or below

Total Points Available:	27
Total Points Received:	27
Percent:	100.00 %

Iowa DEPARTMENT OF PUBLIC HEALTH
Division of Health Promotion, Prevention, and Addictive Behaviors
Licensure Review Worksheet for
Correctional Facilities

FACILITY NAME, ADDRESS, TELEPHONE, FAX AND E-MAIL ADDRESS
Mt. Pleasant Correctional Facility
Therapeutic Community Program
Hwy 218 S
Mt. Pleasant, Iowa 52641

Phone: (319) 385-9511 FAX: (319) 385-8828 E-Mail Address: ron.mullen@iowa.gov

APPLICATION RECEIVED: May 29, 2013 **TECHNICAL ASSISTANCE:** NA

DATE OF INSPECTION: September 17-18, 2013

INSPECTORS:
Bob Kerksieck

STAFFING

Superintendent:	Ron Mullen	Medical Director:	Becky Gray, R.N.
Warden:	Ron Mullen		
Associate Superintendent O f Treatment	Sean Crawford	Trainer:	Randy Kirchner

SUMMARY OF SERVICES PROVIDED:
The program provides adult correctional outpatient treatment services.

CURRENT LICENSURE STATUS: Current licensure dates and length of license. The program is currently operating on a three year license effective October 21, 2010 to October 21, 2013.

RECOMMENDATION: It is recommended that the program be:
☒ Issued a license for a period of three years effective: October 21, 2013 to October 21, 2016
☐ Issued a license for a period of two years effective _____ to _____
☐ Issued a license for a period of one year effective _____ to _____
☐ Issued a license for 270 days effective _____ to _____
☐ Denied a license

PURPOSE: Chapter 125 of the Code, as amended, requires in section 125.13 that "a person may not maintain or conduct any chemical dependency substitutes or antagonist program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program from the department."

Compliance ratings for the major sections recorded in the "Degree of Compliance" Column of the checklist are based on the following criteria:

C *Full Compliance* – The facility substantially meets the intent of the standard as indicated by the program's activities and documentation. Point(s) give/awarded.
NC *Non-Compliance* – The facility does not meet the intent of the standards. Point(s) not given/awarded.
NA *Does Not Apply* – The standard does not apply to the facility. Point(s) not given/awarded.

GENERAL PROGRAM REQUIREMENT AREAS	
6.3(1) Procedures Manual	
A. Has the program developed and maintained a policies and procedures manual?	C
B. Does the manual contain all written policies and procedures required throughout the standards?	C
C. Are revisions entered containing date, name and title of persons making the revisions?	C
D. Is the manual reviewed and approved on an annual basis?	C
E. Does the procedures manual contain policies on:	
1. Organization and management of the program;	C
2. Treatment philosophy;	C
3. Objectives:	C
4. The role of the coordinator/director in charge of this service;	C
5. Admission criteria; and,	C
6. Interrelationship with other service components and providers?	C
6.3(2) Personnel	
A. Do personnel policies and procedures include the following:	
1. Recruitment, selection and certification of staff members;	C
2. Recruitment and selection of volunteers;	C
3. Wage and salary administration;	C
4. Promotion;	C
5. Employee benefits;	C
6. Working hours;	C
7. Vacation and sick leave;	C
8. Lines of authority;	C
9. Rules of conduct;	C
10. Disciplinary action and termination;	C
11. Methods for handling inappropriate client care;	C
12. Work performance appraisal;	C
13. Employee accidents and safety;	C
14. Employee grievances; and,	C
15. Policy on staff persons suspected of using or abusing substances?	C
B. Does the program have an equal employment opportunity policy and affirmative action plan?	C
C. Does the program maintain written job descriptions describing the actual duties of the staff?	C
D. Are personnel performance evaluations performed on an annual basis?	NC
E. Is the employee able to respond to the evaluation?	NC
F. Are personnel records kept on each employee to include;	
1. Verification of training, experience and professional credentials;	C
2. Documentation of DCI criminal records check;	NA
3. Job performance evaluations;	C
4. Incident reports;	NA
5. Disciplinary actions taken; and,	NA
6. Documentation of review and adherence to confidentiality regulation prior to assumption of duties?	NA

G. Does the program have written policies and procedures ensuring confidentiality of personnel records?	C
H. Is there evidence that all personnel providing screenings, evaluations, assessments and treatment certified by IBSAC or other approved boards, or are eligible for certification, or have education, training and experience in the substance abuse field?	C
I. Are there policies and procedures prohibiting sexual harassment?	C
J. Are there policies implementing the Americans with Disabilities Act?	C
6.3(3) Medical Services	
A. Does the program have written policies and procedures to address medical services, including emergency medical services or detoxification?	C
B. Are medical histories and physical examinations conducted within 7 days of admission to the residential OWI facility?	NA
C. Does the facility ensure, by referral agreement or contract, that emergency medical services at a general hospital are available on a 24-hour basis?	C
6.3(5) Clinical Oversight	
A. Does the program have appropriate clinical oversight provided in house or through consultation?	C
B. Does clinical oversight include:	
1. Assisting in development of clinical policies and procedures;	C
2. Assisting in the training of staff; and,	C
3. Assistance to clinical staff providing direct services.	C
6.3(6) Staff Development and Training	
A. Does the program have policies and procedures establishing a staff development and training program?	C
B. Is there documentation that staff are certified, licensed or have professional education?	C
C. Or oriented to include:	
1. Psychosocial;	NA
2. Medical;	NA
3. Pharmacological;	NA
4. Confidentiality;	NA
5. Tuberculosis and blood-borne pathogens;	NA
6. HIV/AIDS; and,	NA
7. Cultural specificity of diverse populations?	NA
D. Has the program established an on-site training program or entered into an agreement with outside resources meeting the identified ongoing training needs of the staff?	C
E. Are staff members kept informed of new developments in the field of substance abuse treatment and rehabilitation?	C
F. Are in-service programs instituted when program operations or functions are changed?	C
G. Has the program conducted an annual training needs assessment?	C
H. Has the program developed an annual staff development training plan based on the needs assessment?	C
I. Are minutes of on-site training kept which include:	
1. Dates of the meeting;	C
2. Names of person attending; and,	C
3. Topics discussed.	C

6.3(7) Intake	
A. Does the program have written policies and procedures governing a uniform intake process?	C
B. Does the intake process define:	
1. The types of information gathered upon admission; and,	C
2. Procedures to be followed when accepting referrals from outside resources?	C
6.3(8) Orientation	
Does the intake process include documentation to ensure that the individual has been informed of:	
1. The general nature and goals of the program;	C
2. Rules governing conduct and infractions that can lead to disciplinary action or discharge from the program;	C
3. Inmate's rights and responsibilities;	C
4. Confidentiality laws, rules and regulations; and,	C
5. Treatment costs to be borne by the inmate?	NA
6.3(9) Assessment	
A. Does the program have policies and procedures that address assessment?	C
B. Is sufficient information collected during the intake process so that the assessment of the status is complete and a comprehensive plan of treatment be developed which is an analysis and synthesis of the intake date, and addresses the strengths, problems and areas of clinical concerns?	C
C. If the assessment was developed by IMCC personnel or other correctional institution personnel, did the program document review and updates as applicable?	NA
D. Is the following information collected as part of the assessment process;	
1. Identifying information;	C
2. Demographic information;	C
3. Presenting problem;	C
4. Substance abuse history;	C
5. Family history;	C
6. Educational status and history;	C
7. Vocational/employment status and history;	C
8. Interpersonal relationships, peers and friends;	C
9. Legal history and current involvement with criminal justice system;	C
10. Medical and health history;	C
11. Psychological history and mental status; and,	C
12. A financial evaluation to include insurance coverage?	C

6.3(10) Treatment Plans	
A. Does the program have written policies and procedures that address treatment planning and reviews?	C
B. Is the treatment plan based on the assessment?	C
C. Is the treatment plan developed within 30 days following admission?	C
D. Does the treatment plan minimally contain the following:	
1. a. Strengths;	C
b. Needs	C
2. a. Short term goals;	C
b. Long term goals;	C
3. a. Type of therapeutic activities;	C
b. Frequency of therapeutic activities;	C
4. Staff person to be responsible for the inmate's treatment;	C
5. Is the plan culturally and environmentally specific; and	C
6. Is the treatment plan developed in partnership with the inmate and counselor?	C
E. Are the inmate and counselor reviews conducted at least every 60 days?	C
F. Do the reviews contain:	
1. Reassessment of the client's current status;	C
2. Redefining of treatment goals;	C
3. Date of review; and,	C
4. Individuals involved?	C
G. Is the inmate provided a copy of the treatment plan upon request?	C

6.3(11) Progress Notes	
A. Does the program have written policies and procedures to address progress notes?	C
B. Do the progress notes contain the following:	
1. Client's/patient's progress and current status in meeting treatment goals;	C
2. Documentation of individual sessions;	C
3. Documentation of group or group summaries (monthly for outpatient, bi-weekly for residential);	C
4. Notes filed in chronological order;	C
5. Date of entry;	C
6. Signature or initials and title;	C
7. Entries with pen, type or computer (computer access code must be available);	C
8. Behavioral observations;	C
9. An avoidance of inappropriate jargon; and,	C
10. Are the notes uniform?	C

6.3(12) Discharge Planning	
A. Does the discharge summary contain:	
1. Current strengths and weaknesses of inmate;	C
2. Assessment results;	C
3. Treatment activities;	C
4. Social/family support;	C
5. Current inmate status to include motivation/participation; and,	C
6. Recommendations that include the reason for referral and prognosis?	C
B. Does the program maintain a list of all substance abuse resources that includes:	
1. Name and location of the resources; and,	C
2. Type of services provided by the resource?	C

6.3(13) Quality Improvement	
A. Does the program have a written quality improvement plan?	C
B. Does the written plan contain the following:	
1. Objectives;	C
2. Organization;	C
3. Scope; and,	C
4. Mechanisms for oversight?	C
C. Does the quality improvement plan address the following:	
1. Is all the information collected, screened by an individual or committee; and,	C
2. Is the objective criteria utilized in development and application for ensuring client/patient care?	C
D. Has the quality improvement program developed a corrective action plan when problems have been identified?	C
E. Has the corrective action plan been followed until the problem has been resolved?	C
F. Is the information used to detect trends, patterns of performance that affect more than one component?	C
G. Is the quality improvement program evaluated at least annually?	C

6.3(14) Inmate Case Record	
A. Does the program have written policies and procedures governing inmate case records that ensures:	
1. The program is responsible for protecting the inmate records against loss, tampering or unauthorized disclosure of information;	C
2. Content and format of records are kept uniform; and	C
3. Entries in the case record are signed and dated.	C
B. Does the program ensure records are kept in a suitable locked room or file cabinet?	C
C. Are records accessible to authorized staff?	C
D. Is there a written policy governing maintenance (7 years) and disposal of inmate case records?	C
E. Release of Information: 42CFR, Part 2	
1. Does the format for the disclosure of client information contain:	
a. The name of the program which is to make the disclosure;	C
b. The name, title, or organization to which the disclosure is to be made;	C
c. The name of the inmate;	C
d. The purpose or need for the disclosure;	C
e. The information to be released;	C
f. Revocation statement;	C
g. The date the consent form is signed;	C
h. Space for the inmate's signature; and,	C
i. Expiration date or condition?	C
2. Is the release signed prior to releasing information?	C
3. Is the client informed of the information and purpose of the release prior to signing?	C
4. Did the client sign the release voluntarily?	C
F. In instances when information is released without the inmate's consent, such as medical emergency, are details pertinent to the transaction entered into the case record including:	
1. The date the information was released;	NA
2. Persons to whom the information was released;	NA
3. The reason the information was released; and,	NA
4. The nature and details of the information given?	NA
G. Following an authorized disclosure of information, are inmates or applicants informed that such information was released?	NA

H. Does the inmate case record contain:	
1. Physical examination and lab test (if warranted);	NA
2. Reports from referral sources;	NA
3. Treatment plans;	C
4. Medication records	NA
5. Reports from outside resources;	NA
6. Multidisciplinary staffing notes;	C
7. Correspondence related to the client (letters, phone calls, etc.);	NA
8. Treatment consent forms, if applicable;	C
9. Release forms;	C
10. Progress notes;	C
11. Records of service provided; and,	C
12. Discharge summaries?	C
6.3(15) Inmate Rights	
A. Does the program have written policies and procedures that address;	
1. Informing inmates of their legal and human rights at the time of admission;	C
2. Inmate communication, opinions, or grievances with a mechanism for redress; and,	C
3. Inmate rights to privacy?	NA
6.3(16) Medication Control	
A. Does the program have written policies and procedures that address medication control?	NA
B. Does the program maintain a list of qualified personnel authorized to administer medication?	NA
C. Have staff who are designated to observe self-administration received an orientation to the policies and procedures on self-administration?	NA
D. Are prescription drugs which are administered or self-administered, accompanied with an order from a physician?	NA
E. Does the program maintain a dispensing log or document in the inmate record all medications dispensed?	NA
F. Is the medication storage maintained as follows:	
1. In accordance with security requirements of federal, state, and local laws;	NA
2. Refrigerated, if required;	NA
3. Separated from food and other items;	NA
4. Stored in original containers; and,	NA
5. Are external substance stored separately from internal and injectable medications?	NA
G. Does the staff person in charge of medications conduct and document a monthly inspection of all storage unites?	NA
H. Does the program document the processing of drugs left by the inmate, or damaged while being stored in the facility?	NA

JUSTIFICATION OF VARIANCE

156.3(2) Personnel

D. Personnel performance evaluations was in non-compliance because the program did not document an evaluation on an annual basis for all applicable staff.

E. Personnel performance evaluations was in non-compliance because the program did not document an evaluation on an annual basis for all applicable staff to include an opportunity for the employee to respond to the evaluation.

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF BEHAVIORAL HEALTH
LICENSURE INSPECTION WEIGHTING REPORT
FOR SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAMS

PROGRAM NAME: K-Moore Services

In order for a program to receive a three (3) year license, the program must receive at least a 95% rating in each of the three categories below. For a two (2) year license, the program must receive at least a 90% rating in each of the three categories below. For a one (1) year license, the program must receive at least a 70% rating in each of the three categories. Less than 70% in any one of the three categories shall result in a recommendation of a denial. An initial license may be issued for 270 days. A license issued for 270 days shall not be renewed or extended.

PREVIOUS INSPECTION DATE: NA
RECENT INSPECTION DATE: September 19, 2013

THIS PROGRAM HAS APPLIED FOR A LICENSE AS A;
1. SUBSTANCE ABUSE TREATMENT PROGRAM X
2. PROBLEM GAMBLING TREATMENT PROGRAM _____
3. COMBINED SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAM _____

CATEGORY		
CLINICAL STANDARDS	ITEMS VALUES	RECENT REPORT
Placement Screening	5	5
Treatment Plan	1	1
Progress Notes	1	1
Urinalysis	2	2
Medical Services	1	1
Management of Care	1	1
Quality Improvement	5	5
TOTAL	16	16

Three (3) years 16 - 16 = 95%
Two (2) years: 15 - 15 = 90%
One (1) year: 14 - 12 = 70%
Denial: 11 or below.

Total Point Available: 16
Total Point Available: 16

Percent: 100%

CATEGORY ADMINSTRATIVE STANDARDS	ITEMS VALUES	CURRENT REPORT
Governing Body	1	1
Executive Director	1	1
Clinical Oversight	1	1
Staff Training	1	1
Procedure Manual	4	4
Fiscal	2	2
Personnel	4	4
Child Abuse/Criminal Records	3	3
TOTAL	17	17

Three (3) years: 17.00 – 16.15 = 95%
Two (2) years: 16.14 – 15.30 = 90%
One (1) year: 15.29 – 11.90 = 70%
Denial: 11.89 or below

Total Points Available: 17
Total Points Received: 17
Percent 100.00 %

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	CURRENT REPORT
Client/Patient Case Records	4	4
Emergency Medical Services	4	4
Medication Control	0	0
Building Construction and Safety	10	10
Outpatient Services	4	4
Therapeutic environment	12	12
TOTAL	34	34

Three (3) years: 34 – 33 = 95%
Two (2) years: 32 – 31 = 90%
One (1) year: 30 – 24 = 70%
Denial: 23 or below

Total Points Available: 34
Total Points Received: 34
Percent 100.00 %

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF BEHAVIORAL HEALTH
LICENSURE INSPECTION REPORT

PROGRAM NAME, ADDRESS, TELEPHONE AND FAX:
K-Moore Services
728 1st Ave. N.
Fort Dodge, Iowa 50501
515-576-3002
FAX: 515-576-1120 E-Mail Address: kmoore515@hotmail.com

APPLICATION RECEIVED: Incomplete application received August 1, 2013. Additional materials were received August 23 and August 26, 2013.

COUNTIES SERVED: Boone, Calhoun, Carroll, Greene, Hamilton, Humboldt, Kossuth, Palo Alto, Pocahontas, Sac, Story, Webster and Wright

DATE OF INSPECTION: September 19, 2013

TECHNICAL ASSISTANCE: NA

INSPECTOR: Bob Kerksieck

SITE(S) VISITED:
K-Moore Services
728 1st Ave. N.
Fort Dodge, Iowa 50501

STAFF:
Owner and Executive Director: Kelly Moore, Owner and Director

SUMMARY OF SERVICES PROVIDED: The program is applying to provide adult Level I substance abuse treatment services.

CURRENT LICENSURE STATUS:
This is the program's initial application for licensure.

RECOMMENDATION: It is recommended that the program be—

- ☐ Issued a license for a period of three years effective _____ to _____
- ☐ Issued a license for a period of two years effective _____ to _____
- ☐ Issued a license for a period of one year effective _____ to _____
- ☒ Issued a license for 270 days effective October 9, 2013 to July 5, 2014
- ☐ Denied a license

PURPOSE: Chapter 125 of the Code, as amended, requires in Section 125.13 that a person may not maintain or conduct any chemical substitutes or antagonists program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program from the department. Chapter 135.150 of the Code, as amended, requires that a person shall not maintain or conduct a gambling treatment program funded through the department unless the person has obtained a license for the program from the department.

C Full Compliance – The program substantially meets the intent of the standard and indicated by the program's activities and documentation. Point(s) given/awarded.
NC Non-Compliance – The program does not meet the intent of the standard. Point(s) not given/awarded.
NA Does Not Apply – The standard does not apply to the program. Point(s) not given/awarded.

641—155.5(4) Application Update or Revision	
A. Since the last licensure visit, has the program notified the department 30 days prior to any change(s) of address of offices, facilities, or program locations; or additions or deletions of the type(s) of services or programs provided and licensed?	NA
641—155.21(1) Governing Body	
Note: Persons in private practice as sole practitioners shall be exempt from this sub-rule except for requirements to have malpractice and liability insurance.	NA
A. Has the program designated a governing body responsible for overall program operations?	NA
B. Do written by-laws define:	
1. The powers and duties of the governing body;	NA
2. Committees;	NA
3. Advisory groups; and,	NA
4. The executive director?	NA
C. Do written by-laws minimally specify;	
1. Type of membership;	NA
2. The term of appointment;	NA
3. Frequency of meetings;	NA
4. Attendance requirements; and,	NA
5. The quorum necessary to transact business?	NA
D. Are minutes of all meetings by the governing body kept?	NA
Do the minutes include:	
1. Date of the meeting;	NA
2. Names of members attending;	NA
3. Topics discussed;	NA
4. Decisions reached and actions taken.	NA
E. Do the duties of the governing body include:	
1. Appointment of a qualified executive director;	NA
2. Establish controls to ensure quality services are delivered;	NA
3. Review and approval of the annual budget; and,	NA
4. Approve all contracts?	NA
F. Has the governing authority developed and approved the policies?	NA
G. Is the governing authority responsible for all funds, equipment and the physical facilities?	NA
H. Has the governing body prepared an annual report which includes:	
1. Name, address, occupation and place of employment of each member;	NA
2. Relationships a member of the governing authority may have with a program staff member; and,	NA
3. The name and address of owners or controlling parties?	NA
I. Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?	C
155.21(2) Executive Director	
A. Has the governing body appointed an executive director whose qualifications and duties are delineated?	C

155.21(3) Clinical Oversight	
A. Does the program have appropriate clinical oversight provided in house or through consultation? Have policy by no contract	C
B. Does clinical oversight include:	NA
1. Assisting in development of clinical policies and procedures;	NA
2. Assisting in the training of staff; and,	NA
3. Assistance to clinical staff providing direct services.	
155.21(4) Staff Development and Training	
A. Does the program have policies and procedures establishing a staff development and training program?	C
B. Is there documentation that staff are certified, licensed or have professional education?	NA
C. Or oriented to include:	
1. Psychosocial;	NA
2. Medical;	NA
3. Pharmacological;	NA
4. Confidentiality;	NA
5. Tuberculosis and blood-borne pathogens;	NA
6. HIV/AIDS;	NA
7. Cultural specificity of diverse populations; and,	NA
8. Does the training program include at least two hours of training every five years relating to child and dependent adult abuse;	NA
9. Counseling skill development; and,	NA
10. Program and community resources?	NA
D. Has the program established an on-site training program or entered into an agreement with outside resources meeting the identified ongoing training needs of the staff?	NA
E. Are staff members kept informed of new developments in the field regarding assessment, evaluation, placement, treatment and rehabilitation?	NA
F. Are in-service programs instituted when program operations or functions are changed?	NA
G. Has the program conducted an annual training needs assessment?	NA
H. Has the program developed an annual staff development training plan based on the needs assessment?	NA
I. Are minutes of on-site training kept which include:	
1. Dates of the meeting;	NA
2. Names of persons attending;	NA
3. Topics discussed, including name and title of presenters.	NA
155.21.(5) Management Information System	
A. Does the program submit client/patient data to the Department in accordance with reporting system procedures?	NA
155.21(6) Procedures Manual	
A. Has the program developed and maintained a policies and procedures manual?	C
B. Does the manual contain all written policies and procedures required throughout the standards for both substance abuse treatment and/or problem gambling treatment?	C
C. Does the manual have a working table of contents covering all policies and procedures?	C
D. Are revisions entered containing date, name and title of persons making the revisions?	C

155.21(7) Fiscal Management	
A. Does the program maintain an annual written budget which is reviewed and approved on an annual basis?	NA
B. Has an independent fiscal audit been conducted on an annual basis?	NA
C. Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings, and equipment?	C
D. Is the insurance program reviewed on an annual basis by the governing authority?	C
155.21(8) Personnel	
A. Do personnel policies and procedures include the following:	
1. Recruitment, selection and certification of staff members;	NA
2. Recruitment and selection of volunteers;	NA
3. Wage and salary administration;	NA
4. Promotions;	NA
5. Employee benefits;	NA
6. Working hours;	NA
7. Vacation and sick leave;	NA
8. Lines of authority;	NA
9. Rules of conduct;	NA
10. Disciplinary action and termination;	NA
11. Methods for handling inappropriate client/patient care;	NA
12. Work performance appraisal;	NA
13. Employee accidents and safety;	NA
14. Employee grievances; and,	NA
15. Policy on staff persons suspected of using or abusing substances?	NA
B. Does the program have an equal employment opportunity policy and affirmative action plan?	NA
C. Does the program maintain written job descriptions describing the actual duties of the staff?	NA
D. Are personnel performance evaluations performed on an annual basis?	NA
E. Is the employee able to respond to the evaluation?	NA
F. Are personnel records kept on each employee to include;	
1. Verification of training, experience and professional credentials;	NA
2. Job performance evaluations;	NA
3. Incident reports;	NA
4. Disciplinary actions taken; and,	NA
5. Documentation of review and adherence to confidentiality regulations prior to assumption of duties?	NA
G. Does the program have written policies and procedures ensuring confidentiality of personnel records?	NA
H. Is there evidence that all personnel providing screenings, evaluations, assessments and treatment are licensed, certified, or otherwise in accordance with 155.21(8) requirements?	C
I. Are there policies and procedures prohibiting sexual harassment?	C
J. Are there policies implementing the Americans with Disabilities Act?	C
K. Does the program maintain an accepted code of conduct for all staff?	C
L. Has the program notified the department in writing within ten workings days when a certified or licensed staff member has been sanctioned or disciplined by a certifying or licensed body?	NA

155.21(9) Child Abuse/Dependent Adult Abuse/Criminal History Background Check	
A. Does the program have written policies and procedures that specify procedures for child abuse and dependent adult abuse reporting that are in compliance with 42 CFR, Part 2?	C
B. Does the program have policies that prohibit mistreatment, neglect or abuse of children and dependent adults by staff that include:	
1. Reporting violations immediately to the director and Department of Human Services?	C
2. Subject an employee to dismissal if found in violation to the program's policies?	C
C. For employees working within a juvenile service area, or with dependent adults, do personnel records contain:	
1. Documentation of a criminal records check with the Iowa Division of Criminal Investigation for all new applicants;	NA
2. A written statement by new applicants disclosing any substantiated reports of child or dependent adult abuse, neglect, or sexual abuse;	NA
3. Documentation of a check with the Iowa Central Abuse Registry of any substantiated reports of abuse prior to permanent employment; and,	NA
4. For staff members with a substantiated criminal or child or dependent adult abuse report, that form 470-2310 Record Check Evaluation has been submitted to DHS?	NA
D. Have each clinical staff member completed two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment; and two hours of additional training every five years thereafter?	NA
155.21(10) Client/Patient Case Record Maintenance	
A. Does the program have written policies and procedures governing client/patient case records that ensures:	
1. The program is responsible for protecting the client/patient record against loss, tampering or unauthorized disclosure of information, per HIPAA, Iowa Code Chapter 228 and 42 CFR, Part 2, as applicable;	C
2. Content and format of client/patient records are kept uniform; and,	C
3. Entries in the client/patient case record are signed and dated.	C
B. Does the program ensure records are kept in a suitable locked room or file cabinet?	NA
C. Are records readily accessible to authorized staff?	NA
D. Is there a written policy governing maintenance for 7 years and disposal of client/patient case records?	C
E. Release of Information: 42CFR, Part 2, Iowa Code Chapter 228 and HIPAA, as applicable	
1. Does the format for the disclosure of client/patient information contain:	
a. The name of the program which is to make the disclosure;	NA
b. The name, title, or organization to which the disclosure is to be made;	NA
c. The name of the client/patient;	NA
d. The purpose or need for the disclosure;	NA
e. The information to be released;	NA
f. Revocation statement;	NA
g. The date the consent form is signed;	NA
h. Space for the client/patient's signature; and,	NA
i. Expiration date or condition?	NA
2. Is the release signed prior to releasing information?	NA
3. Is the client/patient informed of the information and purpose of the release prior to signing?	NA
4. Did the client/patient sign the release voluntarily?	NA
5. In the event that the program releases information without the client/patient's consent, did they follow proper procedures?	NA
6. Following an unauthorized disclosure, did the program inform the client/patient of the disclosure?	NA

F. A licensee who provides services via electronic media shall inform the client/patient of the limitations and risks associated with such services and shall document in the client/patient case record that such notice has been provided.	NA
G Upon receipt of a properly executed written release of information signed by the client/patient, the program shall release client/patient records in a timely manner, except as allowed 641—subrule 157.3(1), "Notice Iowa Code 321J—Confidential Medical Record," reporting screening, evaluation, and treatment completion, if payment has not been received for such services.	NA
155.21(14) Client/Patient Case Record Contents	
A. Does the client/patient case record contain:	
1. Physical examination and lab tests; and,	NA
2. Placement screening and admission forms;	NA
3. Reports from referral sources;	NA
4. Treatment plans;	NA
5. Continued service and discharge reviews;	NA
6. Medication records;	NA
7. Reports from outside resources;	NA
8. Multidisciplinary staffing notes;	NA
9. Correspondence related to the client/patient (letters, phone calls, etc.);	NA
10. Treatment consent forms, if applicable;	NA
11. Release forms;	NA
12. Progress notes;	NA
13. Records of service provided;	NA
14. Discharge summaries;	NA
15. Management information system, and	NA
16. Records of financial counseling services for problem gambling clients, including,	NA
17. A.A budget, and	NA
18. B. Discussing financial debt options, including restitution and bankruptcy.	NA
155.21(11) Placement Screening, Admission and Assessment Records Reviewed_____	
A. Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?	C
B. Does the placement screening process contain:	
1. Information gathered upon screening or admission;	C
2. Procedures to be followed when accepting referrals from outside resources;	C
3. Records kept on individuals applying for services; and,	C
4. Evaluates the ASAM 6 categories or other approved criteria for substance abuse?	C
5. Is the program utilizing a recognized diagnostic tool to determine substance abuse or dependence as defined by DSM-IV?	NA
6. Is the program utilizing a recognized diagnostic tool to determine pathological gambling as defined by DSM-IV, or any DSM IV criteria to determine problem gambling?	NA
C. Does the admission process contain:	
1. An overall assessment of the information gathered; and,	NA
2. Conducted within the time frame for this substance abuse level of care?	NA
3. Conducted within 30 days for problem gambling clients/patients?	NA
D. Is there sufficient information collected in order to develop a treatment plan?	NA
E. Are the results of the admission process explained to the client/patient and family?	NA

F. Does the client/patient orientation contain:	
1. General nature and goals of the program;	NA
2. Client /patient conduct;	NA
3. Hours (non residential);	NA
4. Cost;	NA
5. Client /patient rights;	NA
6. Confidentiality;	NA
7. HIV/AIDS; and,	NA
8. Safety and emergency procedures for residential type services?	NA
155.21(12) Treatment Plans	
A. Does the program have written policies and procedures that address treatment planning and reviews?	C
B. Is the treatment plan based on the assessment?	NA
C. Is the substance abuse treatment plan developed within the time frame for this level of care?	NA
D Is the problem gambling treatment plan developed within 30 days of admission, per 155.21(11)?	NA
E. Does the treatment plan minimally contain the following:	
1. a. Strength (here, or in the assessment)s;	NA
b. Needs (here, or in the assessment);	NA
2. a. Short term goals;	NA
b. Long term goals;	NA
3. a. Type of therapeutic activities;	NA
b. Frequency of therapeutic activities;	NA
4. Staff person involved;	NA
5. Is the plan culturally and environmentally specific; and,	NA
6. Is the treatment plan developed in partnership with the client/patient and counselor?	NA
F. Are the client/patient and counselor reviews conducted within the time frames for this level of care?	NA
G. Do the reviews contain:	
1. Reassessment of the client/patient's current status;	NA
2. Redefining of treatment goals;	NA
3. Date of review; and,	NA
4. Individuals involved?	NA
H. Is the client/patient provided a copy of the treatment plan upon request?	NA
155.21(13) Progress Notes	
A. Does the program have written policies and procedures to address progress notes?	C
B. Do the progress notes contain the following:	
1. Client's/patient's progress and current status in meeting treatment goals;	NA
2. Documentation of individual sessions;	NA
3. Documentation of group or group summaries;	NA
4. Notes filed in chronological order;	NA
5. Date of entry;	NA
6. Signature or initials and title;	NA
7. Entries with pen, type or computer (computer access code must be available);	NA
8. Entries are legible;	NA
9. Behavioral observations;	NA
10. An avoidance of inappropriate jargon; and,	NA
11. Are the notes uniform?	NA

155.21(15) Drug Screening	
A. Does the program have written policies and procedures to conduct urine collection and drug testing?	C
B. Are urine specimens collected under direct supervision, or the program shall have a policy in place to reduce the client/patient's ability to skew the test.?	C
C. Does the program comply with all CLIA regulations?	NA
D. Does the client/patient record reflect the manner in which the urine test results are utilized in treatment?	NA
155.21(16) Medical Services	
A. Does the program have written policies and procedures to address medical services?	C
B. Have all the clients/patient entering treatment been evaluated to determine their medical needs upon admission?	NA
C. Are physical and laboratory examinations performed within the appropriate time frame for the following:	
1. Levels III.7 and V (24 hours of admission)?	NA
2. Levels III.3 or III.5 (7 days of admission)?	NA
3. Level III.1 (21 days of admission)?	NA
D. Are physical, laboratory work and medical histories completed by referrals older than 90 days?	NA
E. Have all halfway house, residential, and inpatient clients/patients received a TB test to be administered and read within 72 hours of admission?	NA
F. Does the program ensure all staff and volunteers have a TB signs and symptoms screen before working with clients, an annual TB Signs and symptoms screen, and have baseline TB testing?	NA
G. Does the program conduct an annual TB risk assessment and ensure additional appropriate medical follow-up has been taken with all clients/patients and staff if TB exposure occurs?	NA
155.21(17) Emergency Medical Services	
A. Does the program have written policies and procedures that address emergency services?	C
B. Does the program ensure that emergency medical services, with a general hospital, are available on a 24-hour basis?	C
C. Does the program maintain emergency service coverage on a 24-hour, seven day-a-week basis?	C
D. Does the program ensure that all community service providers, medical facilities, law enforcement agencies and other appropriate personnel are informed that the 24-hour emergency services and treatment are available?	C
155.21(18) Medication Control	
A. Does the program have written policies and procedures that address medication control?	NA
B. Does the program maintain a list of qualified personnel authorized to administer medications?	NA
C. Have staff who are designated to observe self-administration received an orientation to the policies and procedures on self-administration?	NA
D. Are prescription drugs which are administered or self-administered, accompanied with an order from a physician?	NA
E. Does the program maintain a dispensing log or document in the client/patient record all medications dispensed?	NA

F. Is the medication storage maintained as follows:	
1. In accordance with security requirements of federal, state, and local laws;	NA ____
2. Refrigerated, if required;	NA ____
3. Separated from food and other items;	NA ____
4. Stored in original containers; and,	NA ____
5. Are external substances stored separately from internal and injectable medications?	NA ____
G. Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?	NA ____
H. Does the program document the processing of drugs left by the client/patient, or damaged while being stored in the facility?	NA ____
155.21(19) Management of Care	
A. Does the program have written policies and procedures to ensure proper utilization of the placement screening, continued service and discharge criteria?	C ____
B. Is the program exercising proper utilization and effective use for levels of care in the following?	
1. Placement screening;	NA ____
2. Continued service reviews; and,	NA ____
3. Discharge reviews.	NA ____
C. Is the discharge planning started at the time of admission?	NA ____
D. Does the discharge plan address:	
1. Ongoing client/patient needs; and,	NA ____
2. Post treatment needs?	NA ____
155.21(20) Quality Improvement	
A. Does the program have a written quality improvement plan?	C ____
B. Does the written plan contain the following:	
1. Objectives;	C ____
2. Organization;	C ____
3. Scope; and,	C ____
4. Mechanisms for oversight?	C ____
C. Does the quality improvement plan address the following:	
1. Is all the information collected, screened by an individual or committee; and,	NA ____
2. Is the objective criteria utilized in development and application for ensuring client/patient care?	NA ____
D. Has the quality improvement program developed a corrective action plan when problems have been identified?	NA ____
E. Has the corrective action plan been followed until the problem has been resolved?	NA ____
F. Is the information used to detect trends, patterns of performance that affect more than one component?	NA ____
G. Is the quality improvement program evaluated at least annually?	NA ____

155.21(21) Building Construction and Safety	
A. Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	NA
B. During construction phases or alterations to buildings is:	
1. The level of life safety not diminished; and,	NA
2. Construction in compliance with all applicable federal, state, and local codes?	NA
C. During new construction the program complies with local, state (104A), and federal codes for safe and convenient use by disabled individuals?	NA
D. Does the program have written policies and procedures that provide for a safe environment for clients/patients, personnel and visitors that include:	
1. Orientation and review of facility-wide safety policies and practices;	C
2. A hazard surveillance program; and,	C
3. The process to dispose of bio-hazardous waste within the clinical service area?	C
E. All program areas:	
1. Are stairways, halls, and aisles:	
a. Of substantial non-slippery material;	C
b. Adequately lighted;	C
c. Free from obstruction; and,	C
d. Equipped with handrails on stairways?	C
2. Do radiators, registers, steam/hot water pipes, electrical outlets, and switches have protective covering, insulation and/or wall plates?	C
3. For juvenile facilities, are fuse boxes under lock and key or six feet above the floor?	NA
4. Do facilities have written procedures for handling and storage of hazardous materials?	C
5. Do facilities have policies and procedures for weapons removal?	C
6. Do swimming pools:	
a. Conform to state and local health and safety regulations; and,	NA
b. Ensure that adult supervision is provided when children use the pool?	NA
7. Do facilities have policies regarding fishing ponds, lakes, or any bodies of water located on or near the program and accessible to the client/patient?	NA
155.21(22) Outpatient Facility	
A. Is the facility safe, clean, well-ventilated, properly heated and in good repair?	C
1. Is the facility appropriate for the services it provides, as well as protecting client /patient confidentiality;	C
2. Is the furniture in good repair; and,	C
3. Is there a written plan outlining procedures in the event of fire or tornado that is conspicuously displayed?	C

155.21(23) Therapeutic Environment	
A. Does the program establish an environment that enhances the positive self-image of the clients/patient?	C
B. Do the grounds have adequate space for the program to carry out its stated goals?	C
C. When program goals involve outdoor activities are these activities appropriate to the ages and clinical needs of the clients/patients?	NA
D. Are services accessible to people with disabilities or does the program have written policies and procedures that describe how people with disabilities can gain access to necessary services?	C
E. Does the program comply with the Americans with Disabilities Act?	C
F. Is the reception/waiting room of adequate size with appropriate furniture and does it provide for confidentiality of clients/patients in session or receiving services?	C
G. Are program staff available in the reception/waiting area to address the needs of clients/patients/visitors?	C
H. Does the program have written policies and procedures regarding chemical substances in the facility?	C
I. Does the program designate and identify specific smoking areas?	C
J. Underage tobacco:	
1. The program/person does not sell, give or otherwise supply any tobacco, tobacco products, or cigarettes to any person under 18 years of age; and,	NA
2. A person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any tobacco, tobacco products, or cigarettes.	NA
K. Does the program has written policies and procedures that address:	
1. Informing client/patients of their legal and human rights at the time of admission;	C
2. Client/patient communication, opinions, or grievances with a mechanism for redress;	C
3. Prohibition of sexual harassment; and,	C
4. Client/patient rights to privacy?	C